

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Gallatin Manhattan Public Schools 0347 0348 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 4-Logan 40 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Douma Transfer 5269 8441 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0347 0348 % % 59.00 % 41.00 % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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receives state reimbursement e  Due Date All Routes	even though transpores:	ortees of another legal o			F	ach bus route that Rate Per Mile \$0.95	
County Name		County Number	District Nan	ne		Legal Entity Number	
Gallatin							
Route # Length of Route		16 (miles per day)	Type of Ser	n Public Schools rvice □ Bus Route Mi		0347 0348 Rated Capacity	
5-Wooden Shoe	73.2	(·····		□ Non Bus Mile te Mileage	age	48	
Vehicle I.D. #	License #		□ District Ow	ned (	Contractor Owned		
0636	A40			If so, Name of Owner 【I rate per mile	Douma Tran	na Transfer	
Reimbursement Distribution- E	nter the legal entity		e of state/county natch budget!	reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0347	Legal Entity		Legal Entity	,	Legal Entity	Legal Entity	
% 59.00	% 41.	.00	%		%		
PASSENGER INFORMATION		ELEMENTARY	DIDEDO	HICH COLLOC!	DIDEBO	TOTAL	
Number of Preschool/Kinderga this route	Number of Preschool/Kindergarten pupils riding this route		K-8)	HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBE	R	b NUMBEF	?	c a+b	
Regular (include eligible Preschool/	Kindergarten riders)				-		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	d Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agr otherwise allow nonresident riders t (Include ineligible Preschool/Kinder	eement that would o be eligible)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this I required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from so We understand that violations of this bus route.  We agree that if this route cross the school boards of both districts we understand route changes of accordance with 20-10-132, MCA.	We further certify that bus and bus route by to meets the minimum sensed, qualified and a liciting or causing other the laws, rules or regress district lines and tra- hall be attached to the	this bus transports pupils the State Superintendent; to standards as established by approved driver to operate sers to solicit students from oulations governing school transports students from outse county superintendent's c	eligible for school to make such report the Board of Publ such vehicle as recother transportation ransportation will be side the district, a copy of this docume	transportation as defined by ts to the State Superintende lic Education, the Montana quired by 20-10-103, MCA. In areas. We sufficient cause for withhe topy of the agreement betwent.	v 20-10-101, MCA ent and County S Highway Patrol a olding of state an een Boards, 20-1	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by	
I certify that this application for bus operates on the route as a							
Signature - Chair, Board of Trustee		are adhoportation se	area assig	industry and odding main	Date		
This Application for Registrationarea assigned to it by the Court	n of School Bus and ty Transportation C	d State Reimbursement		ordance with Section 2 wed and I certify that this			
Signature - Chair, County Transpor	tation Committee				Date		



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This form is required in accorda receives state reimbursement e					ne form for ea	ach bus route that	
<b>Due Date</b> : All Routes			ounty Supt ber 1	<b>To OPI</b> October 15	Rate Per Mile \$1.57		
County Name		County Number	District Nar	ne		Legal Entity Number	
Gallatin		16	Bozemar	n Public Schools		0350 0351	
Route #				rvice   Bus Route Mile		Rated Capacity	
79	98		Bus Rout	□ Non Bus Milea te Mileage	ige	77	
Vehicle I.D. #	License #		□ District Ow		Contractor C	Dwned	
3101	5496			If so, Name of Owner L d rate per mile	aidlaw		
Reimbursement Distribution- Er	nter the legal entit		e of state/county atch budget!	y reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0350	Legal Enti		Legal Entity	1	Legal Entity		
% 60.00	% 40	0.00	%		%		
PASSENGER INFORMATION	70 40						
Number of Preschool/Kindergar this route	Number of Preschool/Kindergarten pupils riding this route		RIDERS (-8)	HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBER	2	b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	NOWBE		NOWIDER		415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderç Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		ami aio aansportadon se	ivioc area assig	grow by the County Hall	Date	minto.	
County This Application for Registration area assigned to it by the County	of School Bus ar						
Signature - Chair, County Transport					Date		



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1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that	
Due Dates All Routes	s:	•	•	ounty Supt	<b>To OPI</b> October 15	•	Rate Per Mile \$1.57	
County Name		Cour	nty Number	District Nar	me		Legal Entity Number	
Gallatin		16		Bozemar	n Public Schools		0350 0351	
Route #	Length of Ro		per day)		rvice   Bus Route Mi	leage	Rated Capacity	
55	75			D - D -	□ Non Bus Mile	age	77	
Vehicle I.D. #	License	#		☐ Bus Rout	te Mileage	Lontractor C		
3103	5498	,		□ Contract -	If so, Name of Owner Larate per mile		Jwneu 	
Reimbursement Distribution- Er	nter the legal er	tity numbe		of state/county reimbursement to be paid to each district. Note: Percentages				
Legal Entity	Legal E	ntity	must ma	tch budget!  Legal Entity	1	Legal Entit	v	
0350	Logar	0351		Logar Ernity		Logar Linit	y	
% 60.00	%	40.00		%		%		
PASSENGER INFORMATION			ELEMENTARY F	DIDEDS	HIGH SCHOOL	DIDEDS	TOTAL	
Number of Preschool/Kindergar this route	ten pupils ridin		(Grades PK		(Grades 9-		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER	?	c a + b	
Regular (include eligible Preschool/h	Kindergarten ride	s)		•			Q 1 2	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for it bus operates on the route as ap								
Signature - Chair, Board of Trustees					, ,	Date	1	
County	Franchortation	Committ	ee Annroyal ac r	aquired in acc	ordance with Section 2	20-10-132 MC	`^	
This Application for Registration area assigned to it by the Count	of School Bus ty Transportation	and State	Reimbursement I					
Signature - Chair, County Transporta	ation Committee					Date		



1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Gallatin **Bozeman Public Schools** 0350 0351 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 03 77 77 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Laidlaw 2821 6035 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 0351 40.00 % 60.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee Date



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		ŭ			ſ	Rate Per Mile
Due Dates All Routes		To C	<b>To OPI</b> October 15		\$1.57	
County Name		County Number	District Nar	ne		Legal Entity Number
Gallatin		16		n Public Schools		0350 0351
Route #	Length of Route	(miles per day)	Type of Se	rvice   Bus Route Mi  Non Bus Mile	•	Rated Capacity
41	64		Bus Rout	te Mileage	age	77
Vehicle I.D. #	License #		□ District Ow	ned (	Contractor C	Dwned
2830	6028			If so, Name of Owner <b>I</b> d rate per mile	₋aidlaw	
Reimbursement Distribution- Er	nter the legal entity		e of state/county		aid to each dis	strict. Note: Percentages
Legal Entity	Legal Entity		atch budget!  Legal Entity	1	Legal Entit	N.
0350		y 351	Legal Littity	,	Legal Little	y
% 60.00	% 40	.00	%		%	
PASSENGER INFORMATION			,,			
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
	tins route		a NUMBER		b NUMBER	
Regular (include eligible Preschool/h	Kindergarten riders)	NOWBEN		NOWBE		a + b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	I Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre						
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	o be eligible)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
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We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which	We further certify that ous and bus route by t	t this bus transports pupils of the State Superintendent; to	eligible for school to make such repor	transportation as defined by ts to the State Superintende	20-10-101, MC. ent and County S	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	ensed, qualified and a liciting or causing other	approved driver to operate sers to solicit students from c	such vehicle as recother transportation	quired by 20-10-103, MCA. n areas.	,	
this bus route.  We agree that if this route crosse			•		· ·	•
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	hall be attached to the	e county superintendent's co	opy of this docume	ent.	,	( , , , , , , , , , , , , , , , , , , ,
I certify that this application for bus operates on the route as application.						
Signature - Chair, Board of Trustees	ivice area assig	gned by the County Tran	Date Date	mmilee.		
County This Application for Registration area assigned to it by the County	n of School Bus and	d State Reimbursement	•	eordance with Section 2 wed and I certify that this		
Signature - Chair, County Transport					Date	



1 copy State Supt.1 copy County Supt.1 copy School District

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School Year 2004 - 2005 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Gallatin **Bozeman Public Schools** 0350 0351 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 07 61 77 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Laidlaw 2802 6044 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 0351 40.00 % 60.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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Signature - Chair, County Transportation Committee	Date



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Gallatin **Bozeman Public Schools** 0350 0351 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 43 40 77 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Laidlaw 2826 6029 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 0351 40.00 % 60.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Due Date All Routes		Sounty Supt ober 1	<b>To OPI</b> October 15		\$1.57		
County Name	County Number	District Nar	District Name		Legal Entity Number		
Gallatin		16	Bozemar	n Public Schools		0350 0351	
Route #	Length of Route	(miles per day)	Type of Se	rvice   Bus Route Mi  Non Bus Mile		Rated Capacity	
53	32		Bus Rou	te Mileage	aye	77	
Vehicle I.D. #	License #		□ District Ow		Contractor (	Owned	
2817	6025			If so, Name of Owner I rate per mile	_aidlaw 		
Reimbursement Distribution- Er	nter the legal entity		e of state/county atch budget!	y reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0350	Legal Entity		Legal Entity	/	Legal Enti		
% 60.00	% 40	.00	%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY (Grades Ph		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
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I certify that this application for bus operates on the route as ap	•			•	•	•	
Signature - Chair, Board of Trustees	<u> </u>				Date		
This Application for Registration area assigned to it by the Coun	n of School Bus and ty Transportation C	d State Reimbursement		ordance with Section awed and I certify that this			
Signature - Chair, County Transportation Committee Date							



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receives state reimbursement e	ven tho	ough transpo	ortees of another lega	al enti	ty may utilize	the services.		Rate Per Mile
<b>Due Dates</b> All Routes				Cou ctobe	nty Supt r 1	<b>To OPI</b> October 15		\$1.57
County Name			County Number		District Nam	ne		Legal Entity Number
Gallatin			16 Bozeman Pul		Public Schools		0350 0351	
Route #	Leng	ngth of Route (miles per day)			Type of Ser	vice   Bus Route	-	Rated Capacity
37	36				Bus Rout	□ Non Bus M e Mileage	ileage	77
Vehicle I.D. #		License #			District Ow	ned	Contractor	Owned
2933		6033				f so, Name of Owner rate per mile	Laidlaw	
Reimbursement Distribution- En	nter the	legal entity		age o	f state/county		paid to each d	istrict. Note: Percentages
Legal Entity 0350		Legal Entity		mato	th budget! Legal Entity		Legal Entity	
% 100.00		%			%		%	
PASSENGER INFORMATION			=: =145.V=15					T0711
Number of Preschool/Kindergar this route	ten pur	pils riding	ELEMENTARY RID (Grades PK-8)		_	HIGH SCHOO (Grades	_	TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/h	Kinderga	arten riders)	Nowbert					
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	)						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (ineligible)		that would jible)						
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County 1 This Application for Registration area assigned to it by the Count	of Sch	nool Bus and						
Signature - Chair, County Transportation Committee						Date		



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<b>Due Date</b> All Routes		ounty Supt ber 1	<b>To OPI</b> October 15		Rate Per Mile \$1.57		
County Name		County Number	District Nan	ne		Legal Entity Number	
Gallatin		16	Bozemar	n Public Schools		0350 0351	
Route #	Length of Route	(miles per day)		rvice   Bus Route Mile		Rated Capacity	
13	36		Rus Rout	□ Non Bus Milea te Mileage	age	77	
Vehicle I.D. #	License #		☐ District Ow		Contractor C	Dwned	
2809	6047			If so, Name of Owner Larte per mile	.aidlaw		
Reimbursement Distribution- Er	nter the legal entity		of state/county	reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0350	Legal Entit		Legal Entity	,	Legal Entity		
% 60.00	% 40	.00	%		%		
PASSENGER INFORMATION	70 10	.00	70		70		
Number of Preschool/Kindergar this route	Number of Preschool/Kindergarten pupils riding this route		RIDERS (-8)	HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBER	)	b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	IVOIVIBLI	<u> </u>	NOMBER		415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
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County 1 This Application for Registration area assigned to it by the County	of School Bus an						
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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Gallatin **Bozeman Public Schools** 0350 0351 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 13F 12 77 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Laidlaw 2809 6047 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement e	portees of another legal entity may utilize the serv  To County Supt		the services.	F	Rate Per Mile		
All Routes			ber 1	October 15		\$1.57	
County Name		County Number District Name		me		Legal Entity Number	
Gallatin		16		n Public Schools		0350 0351	
Route #	Length of Route	(miles per day)	Type of Se	rvice   Bus Route Mil  Non Bus Milea		Rated Capacity	
31F	15	Bus Route N		e Mileage		77	
Vehicle I.D. #	License #		□ District Owned		Contractor C	Dwned	
2804	6031						
Reimbursement Distribution- En	iter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0350	Legal Entit		st match budget!  Legal Entity		Legal Entity		
% 100.00	%		%		%	0/	
PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/h	Kindergarten riders)	HOMBER			•		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Due Date	s:	To County Supt		To OPI	F	Rate Per Mile	
All Routes		October 1		October 15		\$1.57	
County Name		County Number District Name		ne		Legal Entity Number	
Gallatin		16	Bozemar	n Public Schools		0350 0351	
Route #	Length of Route			vice □ Bus Route Mileage □ Non Bus Mileage		Rated Capacity	
45F	10	Bus Route				77	
Vehicle I.D. #	License #	□ District Owned			Contractor C	Dwned	
2800	6049		□ Contract - If so, Name of Owne □ Contracted rate per mile		Laidiaw		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Entity		atch budget! Legal Entity	,	Legal Entity		
0350							
% 100.00	%		%		%	0/6	
PASSENGER INFORMATION	,,				70	TOTAL	
Number of Preschool/Kindergar	Number of Preschool/Kindergarten pupils riding		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		
		a		b NUMBER		C	
Regular (include eligible Preschool/l	Kindergarten riders)	NUMBER		HOWBER		a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
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Signature - Chair, Board of Trustees	<del>-</del>	Date					
County This Application for Registration area assigned to it by the Coun	n of School Bus and	d State Reimbursement	•	ordance with Section a	•		
Signature - Chair, County Transportation Committee					Date		



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School Year 2004 - 2005

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Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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Date

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School Year 2004 - 2005 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Gallatin **Bozeman Public Schools** 0350 0351 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 45 27 77 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Laidlaw 2800 6049 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



Date

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Due Date	To Co	To County Supt		F	Rate Per Mile		
All Routes	Octob	October 1		;	\$1.57		
County Name		County Number	District Nan	ne		Legal Entity Number	
Gallatin		16	Gallatin C	Sateway Elem		0364	
Route #	Length of Route			ype of Service □ Bus Route Mileage		Rated Capacity	
2 North	25		Bus Rout	□ Non Bus Mile te Mileage	age	71	
Vehicle I.D. #	License #		□ District Ow	☐ District Owned District Owned			
9671	731			If so, Name of Owner I rate per mile			
Reimbursement Distribution- En	nter the legal entity			reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		tch budget! Legal Entity	,	Legal Entity	у	
0364							
% 100.00	%		%		%		
PASSENGER INFORMATION	70		70		70	•	
Number of Preschool/Kindergal	rten nunils ridina	ELEMENTARY R (Grades PK-		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
this route		,		,	12)		
		a NUMBER		b NUMBEF	₹	c a + b	
Regular (include eligible Preschool/	Kindergarten riders)						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre							
otherwise allow nonresident riders to							
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)	garten riders)						
TOTAL RIDERS							
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We agree to supervision of this be required; to provide a vehicle which	meets the minimum s	standards as established by t	he Board of Publ	lic Education, the Montana			
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I certify that this application for bus operates on the route as ap	•			•	•		
Signature - Chair, Board of Trustees	iii ale transportation ser	vice area assig	nice by the county Hall	Date			
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation							
area assigned to it by the Coun	ty Transportation C					, ,	
Signature - Chair, County Transport	auun committee				Date		



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<b>Due Dates</b> All Routes		To County Supt October 1			Rate Per Mile \$1.57		
County Name		County Number	unty Number District Nam			Legal Entity Number	
Gallatin		16	16 Anderson			0366	
Route #	Length of Route	(miles per day)	Type of Service ☐ Bus Route Mi			Rated Capacity	
North	21.6		Bus Rou	□ Non Bus Mileage Bus Route Mileage		71	
Vehicle I.D. #	License #					District Owned	
9256	1091			•			
Reimbursement Distribution- Er	ter the legal entit			y reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Enti		atch budget! Legal Entity	/	Legal Entity		
0366							
% 100.00	%		%		%		
PASSENGER INFORMATION	/0		/0		/0		
Number of Preschool/Kindergar this route	ten pupils riding		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS TOTAL (Grades 9-12) ELIGIBLE RII		
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten riders)	HOMBER		NOMBE		4 1 5	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
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					Date		
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Signature - Chair, County Transportation Committee					Date		



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<b>Due Date</b> All Routes	To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number District Nan		ne		Legal Entity Number	
Gallatin		16	Anderson	Anderson Elementary		0366	
Route #	Length of Route			Type of Service   Bus Route Mi		Rated Capacity	
2 South	15.6		Dua Davit	□ Non Bus Milea Bus Route Mileage		71	
Vehicle I.D. #	License #		☐ District Ow		<u> </u>		
9325	798		☐ Contract - If so, Name of Owner ☐ Contracted rate per mile				
Reimbursement Distribution- En	nter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0366	Legal Entity		natch budget!  Legal Entity		Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION	76		/0		/0		
Number of Preschool/Kindergal this route	rten pupils riding	ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/	Kindergarten riders)	NOWBER		NOWBEI		415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	d Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders t (Include ineligible Preschool/Kinder							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Signature - Chair, County Transportation Committee Date							



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Gallatin Belgrade Public Schools 0368 0369 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 22 16 71 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 8763 797 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0368 0369 82.00 18.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



This form is required in accordareceives state reimbursement e	even though transp	ortees of another legal e	entity may utilize	the services.	F	Rate Per Mile
All Routes	<b>.</b>	Octo	ber 1	October 15		\$1.57
County Name		County Number	ounty Number District Name			Legal Entity Number
Gallatin		16	Belgrade	Belgrade Public Schools		0368 0369
Route #	Length of Route	(miles per day)	Type of Sei	rvice   Bus Route Mi		Rated Capacity
21	34		Bus Rout	□ Non Bus Milea te Mileage		71
Vehicle I.D. #	License #		□ District Ow	rned [	District Own	ed
4666	456			If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Legal Entit		atch budget! Legal Entity	,	Legal Entity	/
0368	0	369				
% 82.00	% 18	.00	%		%	
PASSENGER INFORMATION						_
Number of Preschool/Kindergal this route	rten pupils riding	ELEMENTARY (Grades Ph		HIGH SCHOOL (Grades 9-2		TOTAL ELIGIBLE RIDERS
			₹	b NUMBER		c a+b
Regular (include eligible Preschool/						
1st Wheelchair (WC)	1st Wheelchair (WC)					
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related						
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre						
otherwise allow nonresident riders to (Include ineligible Preschool/Kinder	o be eligible)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
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County This Application for Registration						
area assigned to it by the Coun	ty Transportation (		nas been leviev	wed and reciting that this		within the transportation
Signature - Chair, County Transportation Committee  Date						



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1 copy State Supt. 1 copy County Supt. 1 copy School District

State Reimbursement School Year 2004 - 2005

This form is required in accordance with Title 20. Chapter 10. Part 1. MCA. School district official must complete one form for each leading to the school of the school district official must complete one form for each leading to the school of the school of the school district official must complete one form for each leading to the school of the s

This form is required in accordance receives state reimbursement ex						one form for ea	ach bus route that
		agii tianspe	•			F	Rate Per Mile
<b>Due Dates</b> All Routes			Octol	ounty Supt per 1	<b>To OPI</b> October 15	;	\$1.57
County Name			County Number	District Nan	ne		Legal Entity Number
Gallatin			16	Belgrade	Public Schools		0368 0369
Route #	Length	n of Route (	miles per day)	Type of Ser	rvice   Bus Route Mi		Rated Capacity
17	32			Bue Pout	□ Non Bus Mile te Mileage	age	71
Vehicle I.D. #		icense #		☐ District Ow		District Own	
0428	8	333		□ Contract - I	If so, Name of Owner I rate per mile		
Reimbursement Distribution- En	ter the l	egal entity			reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity	<b>I</b> L	_egal Entity		tch budget!  Legal Entity	,	Legal Entity	/
0368			869	,			
% 82.00		% 18.	00	%		%	
PASSENGER INFORMATION		1	ELEMENTARY F	RIDERS	HIGH SCHOOL	RIDERS	TOTAL
Number of Preschool/Kindergart this route	ten pupi	ils riding	(Grades PK		(Grades 9-	_	ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten riders)		ten riders)	NOMBLI		NOWIDE		a 1 5
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u							
nonresident and no attendance agre- otherwise allow nonresident riders to							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ride	ers)					
TOTAL RIDERS							
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee.							
We agree to supervision of this but required; to provide a vehicle which re-	us and bเ	us routé by th	ne State Superintendent; to	make such report	ts to the State Superintend	ent and County S	Superintendent as are
Superintendent; and to provide a lice	ensed, qu	ualified and a	pproved driver to operate s	uch vehicle as rec	quired by 20-10-103, MCA.	riigiiway Falioi a	illo tile State
We also agree to refrain from soli We understand that violations of t	-	U				olding of state ar	nd county reimbursement for
this bus route.  We agree that if this route crosses	e district	lines and tra	nenarte etudente from autei	de the district a c	ony of the agreement betw	een Boards 20-1	0-126(2) MCA signed by
the school boards of both districts sh	all be att	ached to the	county superintendent's co	py of this docume	ent.		, , , , ,
We understand route changes oc accordance with 20-10-132, MCA.	curring a	luring the scr	nool year require the filing of	an amended TR	-1 form and approval of the	County Transpo	rtation Committee in
I certify that this application for r							
bus operates on the route as approved by and within the transportation servic Signature - Chair, Board of Trustees				vice area assig	nieu by trie County Tran	Date Date	minutee.
_							
			mmittee Approval as r				
This Application for Registration area assigned to it by the Count				nas been reviev	wed and I certify that this	s bus operates	within the transportation
area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date							



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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

area designed to his y the deathly transportation committees	
Signature - Chair, County Transportation Committee	Date



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<b>Due Dates:</b> All Routes			To County Supt October 1		<b>To OPI</b> October 15	l	Rate Per Mile \$1.57	
County Name			County Number		District Nam	strict Name		Legal Entity Number
Gallatin			16		Belgrade	Public Schools		0368 0369
Route #	Length o	of Route (	miles per day)			vice   Bus Route Mi		Rated Capacity
19	48				Rus Rout	□ Non Bus Mile te Mileage	age	71
Vehicle I.D. #	l	ense #			District Ow		District Own	ied
9255	64	158				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the leg	gal entity i				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Le	gal Entity			n budget! Legal Entity	,	Legal Entit	ry .
0368		03	69					
0/ 00 00		0/ 40/	20		0/		0/	
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			ELEMENTARY		_	HIGH SCHOOL	_	TOTAL
Number of Preschool/Kindergar this route	rten pupils	riding	(Grades P	K-8)		(Grades 9-	12)	ELIGIBLE RIDERS
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Regular (include eligible Preschool/l	Kindergarter	n riders)	NONBE	.1\		NOWBER	\	a+b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
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TOTAL ELIGIBLE RIDERS								
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Signature - Chair, Board of Trustees							Date	
County This Application for Registration area assigned to it by the County	n of School	I Bus and	State Reimbursement			ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transportation Committee  Date								



1 copy State Supt.1 copy County Supt.1 copy School District

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



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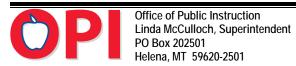


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receives state reimbursement e						
Due Dates	s:	To C	ounty Supt	To OPI	Rate Per Mile	
All Routes			ber 1	October 15	;	\$1.57
County Name		County Number	District Nar	me		Legal Entity Number
Gallatin		16	Belgrade	Public Schools		0368 0369
Route #	Length of Route			rvice   Bus Route Mile		Rated Capacity
3	33		Rue Pout	□ Non Bus Milea te Mileage	ige	71
Vehicle I.D. #	License #		□ District Ow		istrict Own	
4667	132		□ Contract -	If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the legal entity	number and percentage	e of state/county	reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Legal Entit		atch budget! Legal Entity	,	Legal Entity	
0368		369	Legal Littity		Legal Litti	y
% 82.00	% 18	.00	%		%	
PASSENGER INFORMATION		ELEMENTARY	RIDERS	HIGH SCHOOL F	RIDERS	TOTAL
Number of Preschool/Kindergar this route	ten pupils riding	(Grades Ph		(Grades 9-1		ELIGIBLE RIDERS
				b NUMBER		c a+b
Regular (include eligible Preschool/h	NUMBER		NOWIDER		a+b	
1st Wheelchair (WC)						
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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



This form is required in accorda receives state reimbursement e							
<b>Due Date</b> : All Routes			To Cou	u <b>nty Supt</b> er 1	To OPI October 15		Rate Per Mile \$1.57
County Name		County Numb	er	District Nan	ne		Legal Entity Number
Gallatin		16		Belgrade	Public Schools		0368 0369
Route #	Length of Ro	ute (miles per day)		Type of Sei	rvice   Bus Route Mi  Non Bus Mile		Rated Capacity
20	80			Bus Rout	te Mileage	age	71
Vehicle I.D. #	License	: #		District Ow		District Own	ed
3764	6158				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the legal e	ntity number and pe			reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Legal E	Entity	must mate	ch budget! Legal Entity	,	Legal Entit	ry .
0368		0369					
% 82.00	%	18.00		%		%	
PASSENGER INFORMATION	70	10.00		70		70	
Number of Preschool/Kindergar this route	ten pupils ridin		NTARY RI rades PK-8	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/h		Nomber			•	Q 1 0	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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					ordance with Section 2		
This Application for Registration area assigned to it by the Count	of School Bus ty Transportati	and State Reimbur				s bus operates	
Signature - Chair, County Transportation Committee Date							



Date

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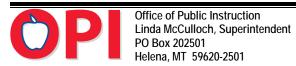
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receives state reimbursement e						
Due Dates			ounty Supt	To OPI		Rate Per Mile
All Routes		Octo	ber 1	October 15		\$1.57
County Name		County Number	District Nar	ne		Legal Entity Number
Gallatin		16	Belgrade	Public Schools		0368 0369
Route #	Length of Route	(miles per day)		rvice   Bus Route Mile	eage	Rated Capacity
4am	93		Bus Rout	□ Non Bus Milea te Mileage		71
Vehicle I.D. #	License #		□ District Ow	rned D	istrict Own	ed
8294	474			If so, Name of Owner I rate per mile		
Reimbursement Distribution- En	nter the legal entity			reimbursement to be pa	id to each dis	trict. Note: Percentages
Legal Entity	Legal Entity		atch budget! Legal Entity	,	Legal Entity	y
0368	03	369				
0/ 00 00	0/ 10	00	0/		0/	
% 82.00  PASSENGER INFORMATION	% 18	.00	%		%	
	tan munita sistima	ELEMENTARY		HIGH SCHOOL R	_	TOTAL
Number of Preschool/Kindergar this route	ten pupils riding	(Grades Pr	λ-8)	(Grades 9-1)	2)	ELIGIBLE RIDERS
	a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/h	NOMBER		HOMBER		415	
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
nonresident and no attendance agre otherwise allow nonresident riders to						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)					
TOTAL RIDERS						
TOTAL RIBLING						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b	We further certify that	t this bus transports pupils of	eligible for school t	transportation as defined by	20-10-101, MC <i>A</i>	Α
required; to provide a vehicle which Superintendent; and to provide a lice					lighway Patrol a	and the State
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Signature - Chair, Board of Trustees  Date						
						_
This Application for Registration area assigned to it by the Count	of School Bus and	d State Reimbursement		ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transporta					Date	



This form is required in accorda receives state reimbursement e					one form for e	ach bus route that
Due Date:		· ·		To OPI	1	Rate Per Mile
All Routes		Octob	unty Supt er 1	October 15		\$1.57
County Name		County Number	District Nan	ne		Legal Entity Number
Gallatin		16	West Yel	lowstone K-12 Schl	s	0374
Route #	Length of Route	(miles per day) Type of Ser		ervice   Bus Route Mileage		Rated Capacity
North/HB	102		Bus Rout	□ Non Bus Milea te Mileage	age	77
Vehicle I.D. #	License #		□ District Ow	ned C	Contractor C	
7310	5898			If so, Name of Owner k I rate per mile	Karst Stage, Inc	
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal Entity		tch budget! Legal Entity	,	Legal Entit	у
0374						
% 100.00	%		%		%	
PASSENGER INFORMATION	_					
Number of Preschool/Kindergar	ten pupils riding	ELEMENTARY R (Grades PK-		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
this route		,	,	,	,	
		a NUMBER		b NUMBER	<u> </u>	c a+b
Regular (include eligible Preschool/	Kindergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre						
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TOTAL RIDERS						
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Signature - Chair, Board of Trustees	3			<u> </u>	Date	
This Application for Registration area assigned to it by the Count	n of School Bus and ty Transportation C		•		bus operates	
Signature - Chair, County Transport	auon Committee				Date	



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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date

Signature - Chair, Board of Trustees



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Gallatin Amsterdam Elementary 0376 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 6.2 71 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Manhattan Christian School 8579 5997 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0376 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Date

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Gallatin Amsterdam Elementary 0376 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 5 10 84 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner Manhattan Christian School 9990 5999 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0376 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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